

# Jefferson County Human Services

## Appendix A: CLTS Waiver Program Services

**[Provider Name Here]**

**A. Contract Total**      \$XXX,XXX

Client #/Client Name	Description of Service	Estimated # of Units
Varies	Respite Care, Home Based - 103.26/S9125	Based on authorizations
Varies	Respite Care, Home- Based - 103.26/T1005	Based on authorizations
Varies	Daily Living Skills Training - 110.00/T2017	Based on authorizations
Varies	Specialized Child Care - 101.00/T2027	Based on authorizations
Varies	Financial Management Services-Basic - 619.00/T2040	Based on authorizations

Signature of Provider	Date
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Signature of Purchaser	Date
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Printed Name

Printed Name

Title

Title

Company Name

Company Name